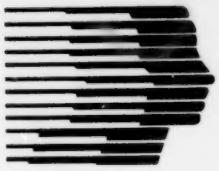

Women's Policy Office
Government of Newfoundland and Labrador

CHILD CARE ARRANGEMENTS IN NEWFOUNDLAND

By Beth Lacey

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CHILD CARE ARRANGEMENTS IN NEWFOUNDLAND

Child care has become one of the major public policy issues of the eighties and promises to continue in importance throughout the nineties. In its presentation to the federal government's Special Committee on Children, the Vanier Institute of the Family called child care "one of the most pressing and basic needs of contemporary families" (Vanier Institute of the Family, 1986). They also stated:

> . . . for the majority of families, the economic requirements as well as the personal aspirations of parents, do not make it possible for one parent to devote himself or herself to the care of their children on a full-time basis. Therefore, they must turn to some form of supplemental child care outside of their own.

During the last decade, women have been entering the labour force in unprecedented numbers. In October of 1986, 3.5 million married women were in the labour force, a tenfold increase from 1951 (Statistics Canada, 1986, Cat. No. 71-001). In March of 1988, 2.2 million Canadian women with children under the age of 16 were employed in this country. Akyeampong (1988) and Kivikink and Schell (1987) predict that the demand for child care will grow during the next decade.

There has also been a significant change in family structure in Canada during this time. In 1961, 68 percent of families were one-earner couples and 19.5 percent were two-earner couples. (Statistics Canada, 1961). In 1981, these figures had changed dramatically. Sixteen percent of families were one-earner couples and 56 percent were two-earner couples (Statistics Canada, 1985, Cat. No. 89-503E).

Women in Newfoundland, like women in the rest of the country, have been entering the labour market in record numbers. In 1976, there were 58,000 women in the labour force; and by 1986 this figure had increased to 91,000, an increase of 56.9 percent (Statistics Canada, 1976, Cat. No. 71-001; 1986, Cat. No. 71-529). Of the women currently in the Newfoundland labour force, 59,405 have children, 11,580 have children under the age of 6, and 37,800 have children over 6 (Statistics Canada, 1986, Table No. LF86B08).

In 1976, 59,100 families in Newfoundland were one-earner families, 21,900 were two-earner families, and 3,100 were single parents. By 1987 this had changed to 51,400 one-earner families, 38,200 two-earner families, and 6,400 single-parent families (Statistics Canada, 1976, 1987, Cat. No. 71-201).

In 1976, 17,000 two-earner families had children under 16, while in 1987 this figure had increased to 32,200. Single-parent families rose from under 22,000 (figure too small to report) to 4,300 with children under 16 (Statistics Canada, 1976, 1987, Cat. No. 71-201).

In two-income and single-parent families, it can be assumed that the majority of children under age 12 require some type of paid child care service while their parents are at work. It seems apparent that choosing a service would be an important decision for parents to make. Parents would want to make the best choice for the care of their children

Cooke (1986) found that parents were concerned with child care arrangements and that, in fact, Canadian parents indicated that selecting child care arrangements is a complex decision-making process involving numerous variables. Parents choosing child care consider age, number and health of their children, availability, cost, and other factors (Lero et al, 1985).

It can reasonably be asked if parents actually have choices available to them when making arrangements for the care of their children. In their study referring to child care in 1981, Johnson and Dineen (1981) called parents looking for child care services "victims of circumstances." They went on to say that parents are restricted by lack of information, money, and choice. This can still be said of child care in Newfoundland in 1988.

At this time there are a total of 2,251 licensed child care spaces in this province: 1,640 full-time and 611 part-time (Newfoundland, 1988). Given the labour force data, these spaces cannot come close to meeting the need for child care in this province.

The licensed spaces referred to here are in group centres, the only licensed model of care available in Newfoundland. These centres are for children aged 2 through 12, although the majority serve children between the ages of 2 and 5. Since children under 2 are not permitted to be cared for in group centres, there is no licensed care available for them. The majority of the licensed spaces that are available for 2 through 12 year olds are found in urban areas, with little licensed care available in rural communities.

From this data we can assume that the majority of the children in this province are in unlicensed care. The care they use probably includes a variety of models, and one might also assume that there would be some urban/rural differences in types of care.

There has been much research conducted on various aspects of child care over the past decade, including the comprehensive report by Cooke. The research, however, does not include much detail concerning the province of Newfoundland or consider some of the complexities of our province. It was for this reason that it was decided to conduct a study on child care in Newfoundland.

Simply put, this study was conducted to assess the availability and accessibility of child care in the province, assess cost, and to find out the types of child care parents in the province were using. An attempt was made to ascertain what parents saw as important factors in child care, who they felt should pay for child care, and how satisfied they were with their child care arrangements. Because child care is a public issue, it was decided to question both parents who were and those who were not using child care; therefore, the target population included all parents in Newfoundland and Labrador with children under the age of 12.

Methodology

Questionnaire: The questionnaire consisted of 51 questions: 49 close-ended and 2 open-ended. It was administered in a personal interview. Interviews were approximately thirty minutes in length.

Interviewers: Interviewers were hired from the communities sampled or towns nearby. Many were university students, but some were contacted through women's groups or other organizations in the communities. Most interviewers attended a training session on sampling, interviewing techniques, and the questionnaire. Others received a kit and a training session by telephone.

Sample: The questionnaire was administered in communities across Newfoundland and Labrador. Communities in Northern Labrador and parts of the South Coast of the island were excluded from the sample because of time and cost constraints. Communities were selected at random, and then households were selected from within the communities to participate in the study. The respondent was the household member responsible for child care. Only households with children under 12 were used in this study.

For a more complete write-up of the sampling technique, please refer to appendix A.

Procedure: The interviewers went to the household as indicated by the sampling technique. They then knocked on the door and upon receiving a response asked if there were any children in the household under the age of 12. If there were not, the interviewer thanked the person and proceeded to the next door to the right, repeating the procedure until coming to a household with a child under 12.

The interviewer then asked to speak to the person in the household who was primarily responsible for child care arrangements. This person was then asked if they would participate in the study. If they agreed, the person was interviewed and the responses were recorded by the interviewer.

If a respondent refused to participate, this was recorded, and the interviewer proceeded to the next respondent. An interviewer would attempt to reach a person in a household on three separate occasions. If on each occasion there was no response, this household would be called a non-respondent, and the interviewer would proceed to the next respondent. The refusal rate was approximately 11 percent, and the non-response rate was 13 percent. Interviewers returned the questionnaires to the researcher by mail or by hand. The researcher coded the questionnaires, entered the data, and proceeded with the analysis.

Results and Discussion

Sex and Age

Of the 409 respondents who answered the question on age and sex, 363 were female and 46 were male. The average age of the respondents was 32, with a range from 16 to 62.

Responsibility for Child Care Arrangements

Three hundred and thirty-eight respondents answered the question asking them to identify the person in the household who was primarily responsible for arrangements. One hundred and ninety-eight respondents said that responsibility was joint, and 140 said that it was not. This variable was then cross-tabulated with sex to see who was giving care. Thirty-eight men said responsibility was joint, and five said that they had primary responsibility. One hundred and fifty-nine women said responsibility was joint, and 135 said that they had primary responsibility.

These results on gender and responsibility for child care indicate that family structure and responsibilities are changing somewhat. According to our data, men are taking some responsibility for child care arrangements. This may be indicative of a greater role in parenting generally. There are obviously still a large number of women at home, as indicated by our large female sample, but this too is changing as will be discussed in the section on family structure. One reason for the large number of females

might be in part that although they perceived responsibility for arranging child care to be joint, women still reverted to tradition and took it upon themselves to deal with questions on this subject. Even when care was joint, child care still seems to be viewed as a woman's issue. This was illustrated during an interview the researcher conducted with one of the male respondents. During the interview his wife returned, at which point he suggested that she continue with the interview as she "knew more about it." This was a male who had already indicated to the researcher that he was jointly responsible for child care arrangements.

Income

The average family income for our sample was in the range of $25,000 to $30,000, consistent with the 1986 Census figure of $27,687 (Statistics Canada, 1986, Cat. No. 13,208). There was a difference in incomes between urban and rural settings, with the former being significantly higher ($x = 75.86$, $p < .0000$) (see figure 1).

Average urban income was in the $30,000 to $35,000 range, while average rural income was in the $20,000 to $25,000 range.

Number of Children

All respondents had children since this was one of the screeners for conducting the interview. The average number was 2, with a range from 1 to 11.

Marital Status and Labour Force Activity

Twenty respondents were never married, 367 were married, 8 were separated, 12 were divorced, and 2 were widowed.

Of the 363 females, 20 were single parents, 322 were married, 8 were separated, 11 were divorced and 2 were widowed. Of the 46 males, 45 were married and 1 was divorced.

One hundred and twenty families had both members working, 174 had one family member working, and the rest had no member working at the time. The latter were a mixture of student, short-term unemployed, and long-term unemployed (see table 1).

Two-earner couples in our sample made up 32 percent of the overall families in the sample, and families with one earner and one unemployed or two unemployed made up another 34 percent. The traditional one-earner and one-homemaker family made up only 22 percent of the families in our study. This is consistent with the increased labour force activity reported by Statistics Canada on Newfoundland's female population. It also emphasizes the need for child care services in the province.

Child Care

Of the 412 households used in this study, 136 or one-third currently use some form of child care. The reasons for using child care vary, but the majority of respondents indicated that they need child care because they are working (see table 2). They did,

Income
Urban and Rural Differences

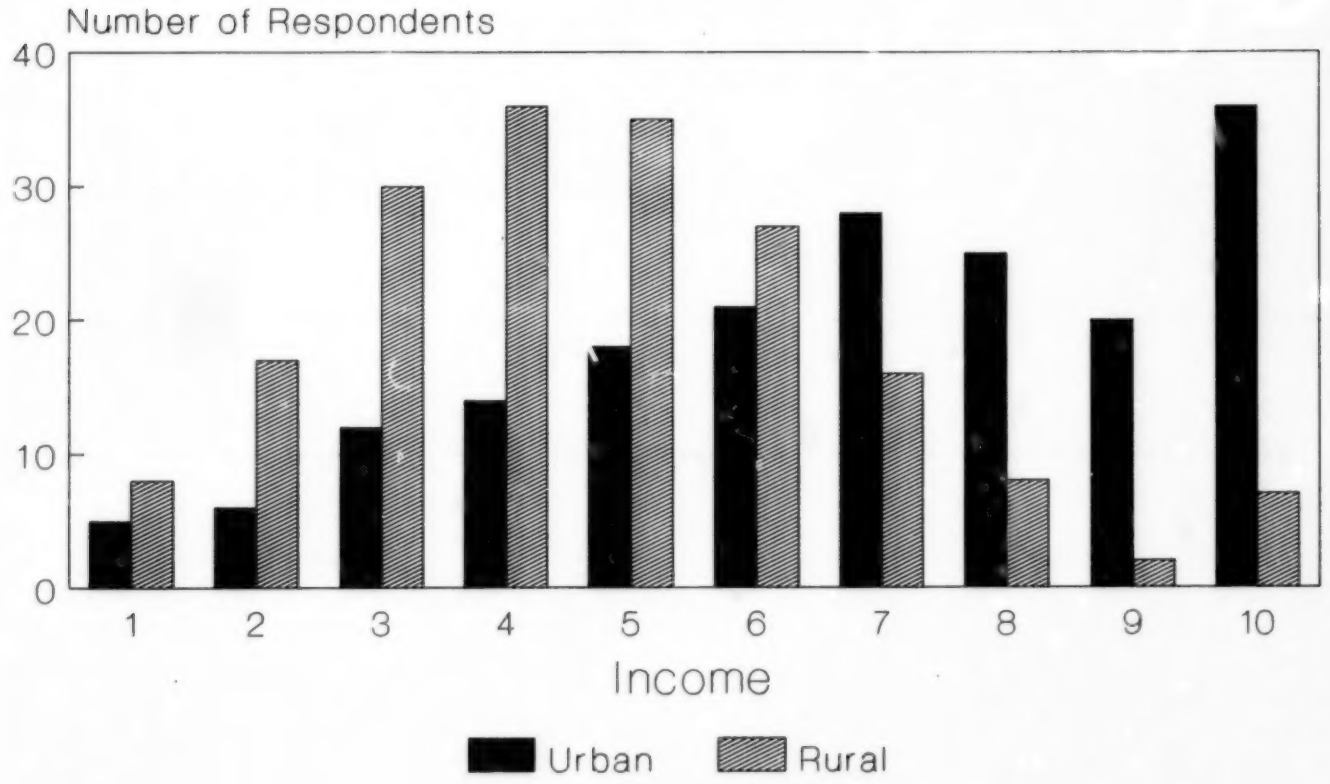

Figure 1

TABLE 1: Family Employment Status

Status	Number in Sample	Percentage
Two-earner couples	120	32
Two-unemployed couples	50	13
One earner/one unemployed	79	21
One earner/one homemaker	82	22
One earner/other	13	4
Other	27	7
TOTAL	371	

TABLE 2: Users' Reasons for Needing Child Care

Reason	Number of Users
Working full-time	84
Working part-time	40
Child needs time with other children	4
Other	3

however, also give other reasons such as the child's need to socialize, the parents' need to have time away from children, and the child's need for special care. So while child care seems to be used primarily while parents are working, there are a variety of needs being fulfilled by child care. Lero et al. (1985) also found that child care served a number of needs and functions for both parents and children.

For the purposes of the analysis people were asked the kind of care they used for each of their children. A chi square was performed on the results to see if proportions for the kind of care were different for each child. They were not; therefore, for discussion purposes we will use the results of the kind of care for child number one, which adequately represents the population.

From the data, it appears that people use a variety of models but that people in rural settings use different models of care than people in urban settings ($x = 24.98$, $p < .003$). Urban users frequently used privately-arranged care by a non-relative in the parents' home, while rural users used privately arranged care in their home by a relative. According to our data (see figure 2) there is a much more even spread of model in urban settings. These results may be attributed to the lack of models available in rural settings.

In speaking with some of the respondents, the researcher noted that the arrangements made for the child in rural settings was often the only choice. Several respondents expressed concern at the lack of services available in their communities and observed that if a day care centre was available it was often miles away in the closest large town. This was supported by the data. There seems to be a real lack of child care services and resources available in rural settings, although there is a real need. In several communities, when the fish plants open everybody works; and child care becomes a major issue. Often young girls (15 and under) are the only ones available to give child care, and this is a concern for these parents. Many expressed a desire for on-site care, since with shift work and call back, other types of arrangements were often difficult.

The difference between urban and rural usage was investigated further with a question on why people used the service they did. The majority of urban users (twice the number of rural users) indicated a preference for the type of service they were using, while the majority of rural users (twice the number of urban users) indicated that the service they used was the only type available. A chi square was performed on this data, and the differences were found to be significant ($x = 10.138$, $p < .006$) (see figure 3). Equal numbers of urban and rural users indicated the type they used was the only one they could afford.

Twenty-one respondents had their children in licensed care, while 92 did not; and 61 had their child in for-profit care, while 28 were in non-profit and 15 were in cooperatives. These figures reflect the low number of licensed spaces in this province and the high proportion of for-profit care. The for-profit classification includes group centres but largely represents private arrangements.

Respondents were also asked about the kind of child care they preferred. They were presented with a number of options, complete with definitions. It became evident that they wanted a variety of options, dependent often on the age and number of children. This was supported by the data (see table 3). Thirty respondents wanted child care centres, 42 wanted licensed family care, and 50 wanted private arrangements. Fourteen respondents indicated they wanted a combination of the above models. When including those respondents who wanted licensed family care in combination with another type, 49 respondents wanted this model. It consists of care in a home licensed by government where the child would be part of a small group. It would include screening, approval, and monitoring procedures for the staff and the facility as well as training and support for caregivers. This model is currently unavailable in Newfoundland, but our results indicate that it would be a very popular model. The group centre care model was also popular with both urban and rural users. There is, however, little group centre care available in rural communities.

Cost of Care

Hourly rates for child care were calculated. These rates represent both full- and part-time care and reflect the average rate a family pays per child. The majority of users, both urban and rural, pay between $2.00 and $3.00 per hour for child care ($n = 56$).

Kind of Care Used
Urban vs. Rural Settings

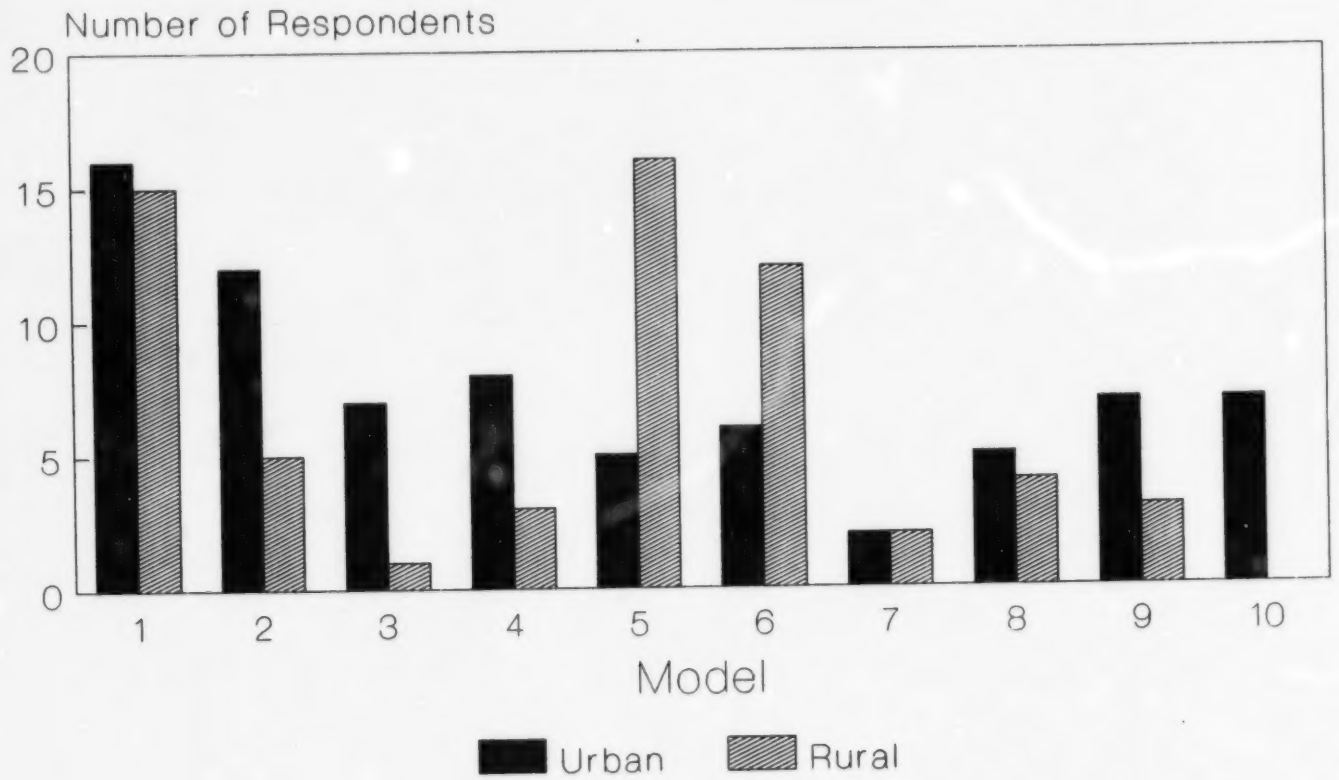

Figure 2

Reason For Using Type of Care
Urban vs. Rural

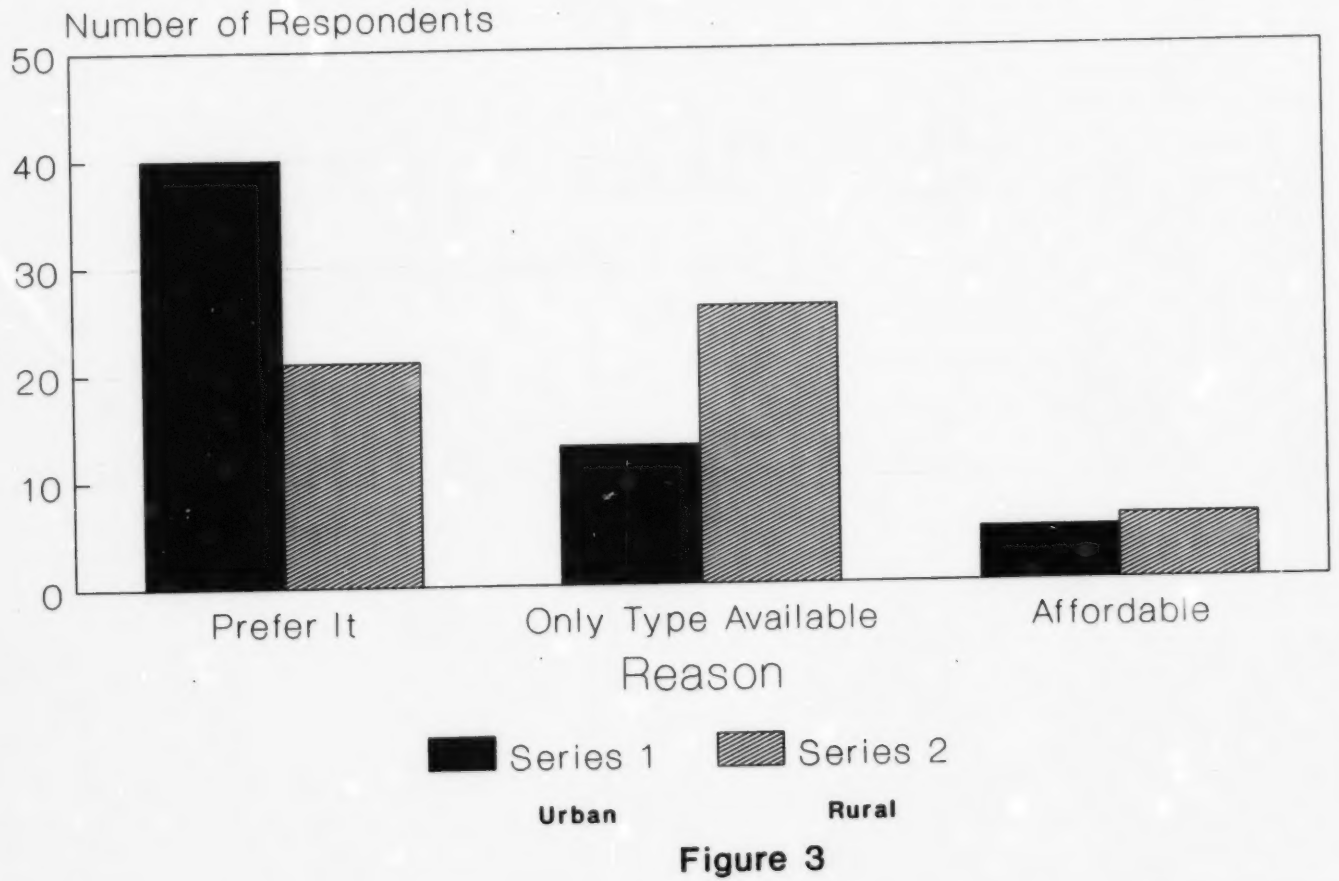

Figure 3

TABLE 3: Preferred Options as Indicated by Urban and Rural Child Care Users (n = 136)

	Group Child Care Centre	Licensed Family Care	Private Arrangements	Combination Type Not Indicated	Combination Group Child Care Centre and Licensed Family Care	Combination Group Child Care Centre and Private Arrangements	Combination Licensed Family Care and Private Arrangements
Urban	12	24	26	2	3	4	4
Rural	18	18	24	-	-	1	-
Total	30	42	50	2	3	5	4

Fourteen users do not pay anything for child care, while several users pay from $6.00 to $12.00 per hour.

Rates paid for care varied considerably among individuals but were consistent across urban and rural settings. This would put an additional burden on those living in rural areas as their income was considerably lower than that of urban dwellers. If, as our data indicates, they pay similar rates, the financial burden is obviously greater. These rates seem low, but respondents indicated that cost was an important factor in their child care arrangements. Of the 407 respondents who answered this question, 201 ranked it as very important. There was also a question on whether cost was a problem. Eighty-six respondents indicated that they believed that cost was a serious problem, while 173 said that it might be somewhat of a problem. Of the respondents using child care, 24 indicated that cost was a serious problem while 51 indicated that it was somewhat of a problem. This figure represents over half of our users. There was no difference between urban and rural users in their response to this question.

Respondents were also asked who paid for their child care. Of the 134 respondents, 122 indicated that they paid all costs for childcare. This is interesting when compared with their response to the question on who should pay the costs for child care. Of the 410 people who responded to this question, 374 said that government should pay at least partial costs for child care. Only 24 people responded that parents should pay all costs, and only 13 people responded that government should pay everything. The vast majority fell between these extremes, with most wanting subsidization for low-income families. The most frequent response (216) was that government should put money directly into child care to reduce costs for everyone and then subsidize low-income people. The income of the respondent did not appear to affect their response on who should pay the costs of care.

It seems evident from our data that child care is essential for many people in Newfoundland but that the cost places a real burden on many families. Given the changing nature of the family and the move towards two-earner families, it is obvious that this problem will continue to grow.

Tax Deductions

The questionnaire included two questions on the benefits users of care derive from the tax deduction. Seventy-six respondents indicated that the former deduction system was of benefit to them, while 56 said that it was not. When asked if the deductions proposed under the new national child care strategy would be of benefit, 76 replied yes and 53 said no. So for our sample the perception at least is that the new tax deduction system will not benefit any more people than the previous system.

Fifty-three respondents said both deduction systems would be of benefit, 22 said the old deduction system wouldn't be useful while the new would, and 18 said the old deduction system was useful but the new would not be. It is unclear why 18 respondents felt the new deduction system would be worse than the old, but in any case there was little change in numbers for those feeling they would receive benefit. In fact few people take advantage of these tax deductions. In 1981, only 44 percent of parents estimated to be using child care services claimed these deductions (Revenue Canada Taxation, 1983).

Using the tax system has always been problematic in that many parents, particularly low and middle income, cannot hope to receive in tax breaks what they expend for care. As well, many parents do not or cannot collect the receipts for care that are necessary to take advantage of any tax breaks. As well, because the value of the Child Care Expense

Deduction increases as income increases, this benefit is most valuable to high income earners. In fact, in Newfoundland (1984 figures) high income families earning $86,000 received higher benefits than couples or single parents earning $21,500 per year (Cooke, 1986).

Caregivers

Respondents were asked to rank the importance of the personal characteristics of the caregiver. Three hundred and sixty-five of the four hundred and seven ranked this factor as very important. When asked whether the education of the caregiver was important, only 93 respondents indicated that this was very important. The majority of respondents found it somewhat important (101) or neither important nor unimportant (143).

There was also a question asked concerning the actual education of the caregiver. The median education level was completion of high school, but levels ranged from no formal education to a university degree. So while people indicate that quality care is important, they don't appear to link this care with the formal qualifications of the caregivers. This data is consistent with other research in the area (Lero et al., 1985). In studies on training of caregivers it has been found that early childhood education or child development training contributes to the quality of care provided by child care workers (C.A.C.S.W., 1986). Although parents want quality care, they do not seem to associate this quality care with the training of caregivers. Personal characteristics such as warmth are perceived as more important by parents.

Important Factors in Child Care

Respondents were asked to rank the importance to them of a variety of factors relating to child care. Respondents appeared concerned with all of the factors, illustrating their concern with receiving good care for their children. Of all the factors, safety was ranked highest, personal characteristics of the caregiver second, and nutrition third. When respondents were divided into groups currently using child care and those not using care, the rankings remained the same. Those ranked least important, although still falling on the "important" side of the scale, were cost (9th), having care close to work (10th), and the education of the caregiver (11th). These rankings remained virtually the same when respondents were broken into users and non-users (see table 4).

Respondents were also asked to rate whether a variety of factors were no problem, somewhat of a problem, or a serious problem. The factor ranked as the most serious problem was quality care, followed by turnover of staff. Distance to work was ranked lowest of the factors (see table 5).

User Satisfaction

There were two questions relating to satisfaction with child care arrangements. One was a close-ended question in which respondents indicated their level of satisfaction, and the other was an open-ended question on how respondents would improve their child care if they could.

On the first question, there were no respondents who indicated that they were very dissatisfied with their child care arrangements. (This is not surprising since one can assume that if this situation did exist, the parents would quickly change arrangements, if

TABLE 4: Respondent Ranking by Importance of a Variety of Factors Related to Child Care

Factor	All Respondents		Users	
	Mean	Rank	Mean	Rank
Availability	4.48	6	4.58	4
Cost	4.00	9	3.96	9
Programming	4.49	5	4.44	6
Proximity to work	3.71	10	3.66	10
Nutrition	4.79	3	4.81	3
Personal character of caregiver	4.83	2	4.85	2
Education of caregiver	3.46	11	3.53	11
Social time with other children	4.39	7	4.35	8
Opportunity for parental input	4.37	8	4.39	7
Safety	4.90	1	4.91	1
Appropriateness of discipline	4.54	4	4.57	5

SCALE 1 - 5

1 = very unimportant 5 = very important

that was possible, or rationalize that the situation wasn't so bad if it was not.) There were a number of respondents (14) who were somewhat dissatisfied with their arrangements, but the vast majority of respondents indicated that they were very satisfied with their arrangements.

The open-ended question on suggested improvements did provide some interesting information. Of the 80 people who responded to this question, 28 said they would like to

TABLE 5: Respondent Ranking of Degree to Which Various Factors Relating to Child Care are Problematic

Factor	All Respondents		Users	
	Mean	Rank	Mean	Rank
Cost	1.85	4	1.72	5
Distance from work	1.75	6	1.71	6
Distance from home	1.82	5	1.77	4
Hours available	2.01	3	1.95	3
Quality	2.11	1	2.05	1
Turnover of caregiver	2.07	2	2.05	1

SCALE 1 - 3

1 = not a problem 3 = serious problem

have access to a day care centre. Eleven of the respondents mentioned the need for after school care, and 13 wanted a caregiver to come into their homes. It is evident that the people questioned want access to arrangements different from those they are using at present. In fact there were fewer criticisms of current care than suggestions for improving child care generally. While respondents indicated a need for more qualified caregivers and lower costs, they seemed more concerned with better access to care. These people are apparently not satisfied with the options available to them and would like to access more alternatives.

Another suggested improvement was quality care. This issue was addressed in a number of questions in addition to the one on improvements and will be dealt with in the next section.

Quality Child Care

Respondents were asked several questions regarding quality child care. The first question dealt with how quality care affected a child. Of the 407 respondents who answered this question, 389 felt that quality care has a positive effect on a child's development. In fact, 274 of this group said there was a great improvement. Thirteen respondents felt quality care had no effect on the child's development, and 5 felt that it impaired development. This indicates support for the concept of child care, since one can assume

that if these people feel that quality child care does have this effect, then they would like their children to have access to it.

The question then becomes - is quality care available? According to our results, many respondents felt that it was not. Respondents were then asked if quality care was a problem. One hundred and eighty-seven respondents indicated that they thought availability of quality care was a serious problem, 77 said it was somewhat of a problem, and 139 said they thought quality care was no problem. Of those using care, 61 indicated that obtaining quality care was a serious problem for them, 21 indicated that it was somewhat of a problem, and 54 said it was no problem. This was also true of parents not using care. If parents indicated that access to quality care was a very serious problem, it seems there is a real problem with regard to access. It also implies that parents may be putting their children in care they don't consider to be quality care. The problem seems particularly acute in rural areas, where 75 percent of users indicated that quality care was unavailable in their community.

The final question related to availability of quality care in the respondents' communities. One hundred and thirty-four respondents answered this question, with 66 indicating quality care was available in their community and 68 indicating that it was not. Looking at the data further, one finds a substantial difference between urban and rural respondents on the availability of quality care in their communities. Fifty respondents from urban communities said quality care was available, while 23 said it was not. Among rural respondents, 16 indicated that quality care was available in their communities, while 45 said it was not (see figure 4).

The split between urban and rural child care is very apparent in our results. Parents in rural areas have fewer options but pay as much as urban parents. This data is consistent with other research across the country, and this particular concern has been expressed in the province before (P.A.C.S.W., 1982).

Conclusions

The results of this study indicate that child care is an important issue for the people of this province and further indicate that there are some problems with the services available at present. As more women enter the labour force, these problems will grow.

One-third of the households contacted during this study were using some form of child care. For the most part, users stated that they used child care because they were working; but other reasons such as the child's need to socialize and the parents' need for time away from the children were also mentioned. It is evident that child care is a necessary service in this province. The availability of services to those who need them will now be discussed.

A variety of arrangements are available and used by the respondents in this study, though types differ between urban and rural settings. Rural users are using care by a relative much more often than urban users, who were spread more evenly across a wider variety of child care arrangements. These results may be due to the lack of models available in rural settings, since rural users indicated that they used the services they did because it was the only type available. Both urban and rural users said that they would like more options, however.

There is obviously a gap in services in rural areas. As the need identified in the rural areas of our study was as great as that identified in urban areas, it seems that more

Availability of Quality Care
In Urban and Rural Communities

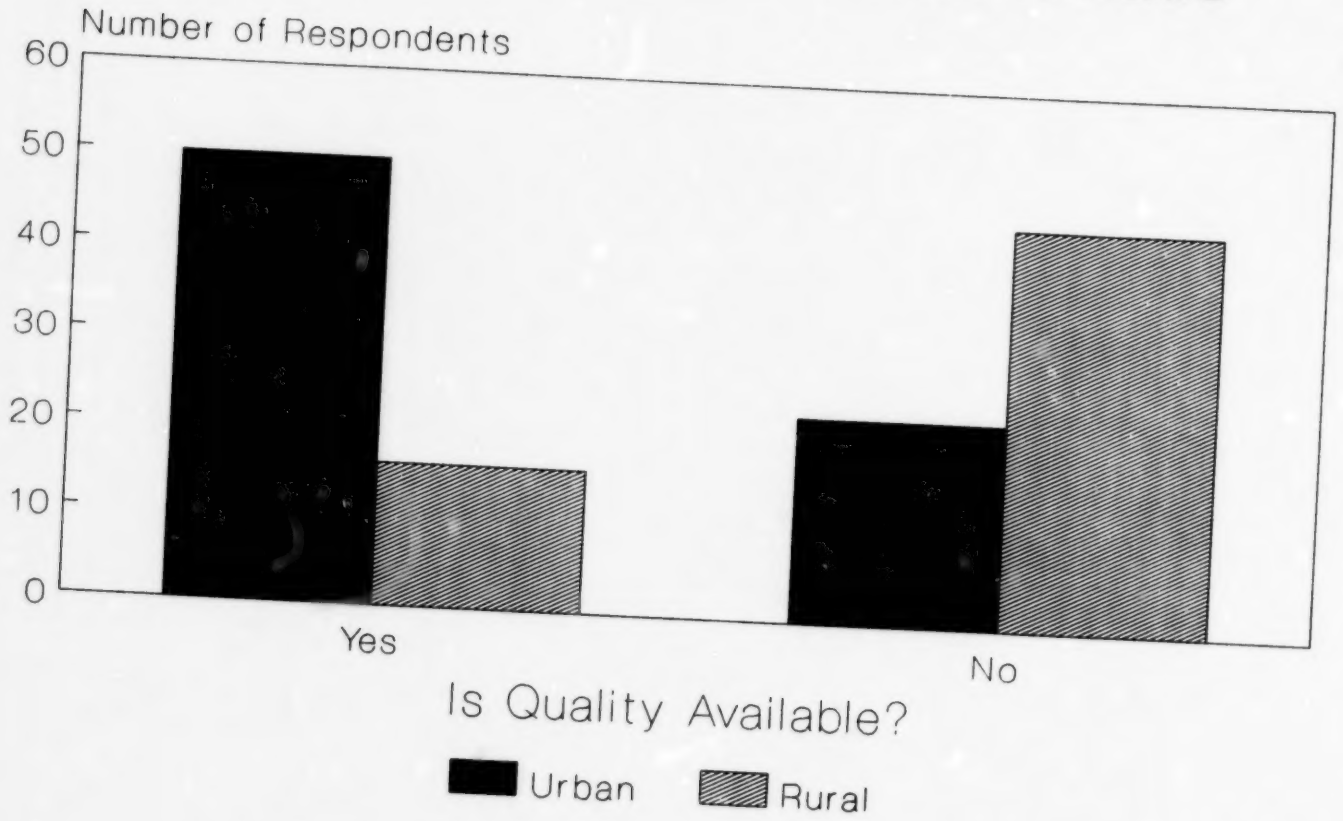

Figure 4

attention should be paid to delivery of these services. In particular, attention should be paid (1) to the introduction of more licensed care, particularly centre care and supervised family care, and (2) to more flexible hours to accommodate seasonal and shift workers. As previously mentioned, the licensed family care model is currently unavailable in this province; but given the interest expressed in this service by many of our respondents, serious consideration should be given to its introduction.

The cost of care in this province is an important issue. The rates paid for child care in this province are generally quite low. Despite this, the respondents indicated that cost was a problem for them. It is clear that most families would not be able to pay more for care, but at the same time the monies received for giving care are inadequate. There is little incentive for people to train or work in child care with wages at current levels. We know already that trained staff and quality care are positively correlated, yet the burden of higher wages clearly cannot be placed on families. Cost is a problem for many of the people in this study, and the respondents pointed to the need for government to pay some of the costs. Over 90 percent of respondents felt that government should at least pay some of the costs, while 52 percent indicated that government should put money directly into child care to reduce costs for everyone and then subsidize low income people. It is important to note that this figure includes both users and non-users of child care. If government is, then, to meet the needs and desires of people with regard to child care, it will have to make a financial committment. Child care has become a required service, but many people find that cost of care is a problem for them. The problem is even more pronounced in rural areas where the cost of care is similar to urban areas but incomes are substantially lower. Again, this points to the need for improved services in rural areas.

Since our changed and still changing labour force means that child care will continue to be a required service, it is imperative that high quality care be available, accessible, and affordable. Both the literature and the respondents conclude that quality care has a positive effect on a child's development. Unfortunately, one half of the parents using child care in our sample said that quality care was unavailable in their community. Once again the problem was more pronounced in rural areas, where 75 percent of users indicated that quality care was unavailable in their community. Of the 136 respondents using care, 61 indicated that getting quality care was a serious problem for them, and 21 indicated that it was somewhat of a problem.

Parents in our study did not appear to link the education of caregivers with the provision of quality care. Perhaps some education of parents needs to take place so that they become aware of this link. If, as seems the case, child care and child-care services continue to be necessary, it is essential that parents are made aware of the impact of this care on their children. This cannot be done in isolation, since it is useless to encourage parents to use services that are unavailable. This has to be done in conjunction with raising wages and providing training for the caregivers. The issues are interrelated, and any solution necessarily encompasses an integrated approach to child care in this province.

In summary, these findings support the premise that there is a lack of child care services in this province and that those available are neither flexible nor varied enough to meet the present needs of parents in this province. Quality care is lacking, and costs are high. These problems are aggravated in rural areas but are also present to a lesser degree in urban settings.

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APPENDIX "A"

Methodology Used in Determining Sample for the Childcare Study

The initial stage of the sample selection process involved placing the communities into groups based on population size. These groups will be referred to as strata. Stratum 1 included Census Aglomerations* (CA's) and communities of size 5,000 and over, Stratum 2 communities with a population of 1,000 to 4,999 and Stratum 3 communities between 100 and 999. Areas with less than 100 people were excluded from the survey as were isolated communities on the South Coast and in Northern Labrador. The population of the excluded areas is 10,854 or 1.9 percent of the total population of the province.

It was decided to make the survey self-weighting so the sample size assigned to each stratum was proportional to its share of the households with children at home in 1986. On this basis, 225 of the total sample of 435 were assigned to Stratum 1. A sample was drawn from each CA and community within Stratum 1 proportional to the total number of families with children at home.

For strata 2 and 3 communities were ranked in decreasing order of size and the number of households with children at home in each community were summed in a cummulative total. Random numbers were then chosen and those communities whose subtotals included selected random numbers were included in the survey. An example of this procedure is as follows:

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* Census Aglomeration (CA) - A CA is defined as the main labour market area of an urban area (the urbanized core) of at least 10,000 population, based on a previous census.

Incorporated Community	Total Number of Families with Children at Home	Cummulative Total
Bonavista	895	895
Bay Roberts	865	1,760
Deer Lake	865	2,625
"	"	"
"	"	"
"	"	"
Englee	15	22,090
Norris Point	25	22,105

If, for instance, a random number selected was 1,023, Bay Roberts would be chosen as a community to be sampled because this number falls into the total which includes the population of Bay Roberts. If another random number was 22,097, Norris Point would be chosen as well.

In this manner ten communities were selected in Stratum 2 and twelve communities in Stratum 3. This meant that communities were chosen based on probability proportional to size.

The next step in the sample selection process was to select dwellings within the communities chosen. For the incorporated areas, this was done by using the Municipal Assessment Roles. A detailed description of this procedure is attached. Since the survey was aimed at those individuals with children of age 12 and under living at home, the list of households to be contacted exceeded the sample size for the community. The extra households were provided because of non-response and because it was unlikely that every household listed would contain children under the age of twelve.

The Municipal Assessment Roles and 1986 Census information were not available for the unincorporated areas of the Province and as well the number of households with children at home was unknown. Therefore unincorporated communities were selected proportional to the 1981 population. The telephone directory was then used to choose the households from the selected communities.

Communities sampled and sample sizes within each are listed as follows:

	Community	Sample Size
Stratum 1	St. John's	70
	Mount Pearl	17
	St. John's Metropolitan Area	5
	Goulds	7
	Paradise	5
	Conception Bay South	12
	Torbay	7
	Corner Brook	19
	Halfway Point and Others	2
	Hughes Brook	4
	Pasadena	3
	Gander	9
	Grand Falls	7
	Badger	3
	Bishop's Falls	3
	Botwood	3
	Windsor	5
	Labrador City	8
	Wabush	2
	Stephenville	7
	Happy Valley - Goose Bay	6
	Marystown	5
	Channel - Port aux Basques	5
Stratum 2	Grand Bank	9
	Clarenville	9
	Glovertown	9
	Holyrood	9
	Baie Verte	9

	Community	Sample Size
Stratum 2 (Cont'd)	Trepassey	9
	Isle aux Morts	9
	Clarkes Beach	9
	Summerford	9
	Durrel	9
Stratum 3	King's Point	10
	Port Saunders	10
	Southern Harbour	10
	Cow Head	10
	Middle Arm (Green Bay)	10
	Anchor Point	10
	Frederickton	10
	Cavendish	10
	Cape Broyle	10
	Ship Cove	10
	Harcourt	10
	Little St. Lawrence	10

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